lowing conclusions: The production of lactic acid in the stomach indicates long-continued stagnation of the contents. This occurs most frequently in carcinoma. There can be cancer of the stomach without lactic acid, just as there can be non-cancerous disease of the stomach with lactic acid. Nevertheless, Boas's test is of great practical value, though not specific. (In fifteen cases of cancer of the stomach lactic acid was absent in three.)

Removal of a Piece of Pyloric Mucous Membrane by the Stomach-tube.

Ebstein (*Berliner klin. Wochenschrift*, 1895, No. 4) reports a case in which this accident happened, the fragment being found in the fenestrum of the tube. The case was one of chronic peritonitis with strictures and dilatations of the duodenum. Death occurred from septic peritonitis four days after a laparotomy. Neither loss of tissue nor cicatrix could be found in the stomach. Ebstein thinks this accident much more frequent than is usually believed. Position and size of the stomach, and, as in the case reported, adhesion with neighboring organs, favor the occurrence. The author advises distention before passing the sound in order to be able to form an idea of the extent and configuration of the stomach. The sound must be sufficiently thin; must not be removed too rapidly, but slowly, and while water is allowed to run in. The occurrence of vomiting while the tube is in the stomach necessitates special caution.

Neuroses and Anæmia.

Reinert (*Münchener med. Wochenschrift*, 1895, No. 14) has determined the hæmoglobin in a number of cases of neurotic disorder, including hysteria, neurasthenia, chorea, epilepsy, and migraine. Out of 48 cases of hysteria, 30 per cent. had 80 per cent. or more of hæmoglobin, which can be looked on as physiological. Forty-seven per cent. of the cases had from 70 to 80 per cent., 18 per cent. from 60 to 70 per cent., 1 case from 50 to 60 per cent., and 1 case 30 to 40 per cent. of hæmoglobin. Of 36 cases of neurasthenia, 13 had 85 per cent. or more, 21 had 70 to 80 per cent., and 2 had 60 to 70 per cent. The average in 6 cases of chorea was 72.9 per cent.; in 3 cases of epilepsy 74.6 per cent. In 70 per cent. of all the cases there was a diminution, usually slight, of the hæmoglobin. While in these cases the anæmia might be looked on as the anatomical basis of the disease, it must be remembered that the blood-alteration in many cases is secondary. However, impoverished blood reacts on the nervous system, so that the examination of the blood is important in the prophylaxis and treatment of neurotic disorders.

Diphtheria Antitoxin at the Congress for Internal Medicine.

In the recent Congress in Munich, Baginsky, Heubner, Widerhofer, and Ranke all spoke in favor of the serum treatment of diphtheria. The following conclusions, stated by Baginsky, fairly represent the sentiments of the others. "The serum is a thoroughly effective remedy, the best so far used in diptheria. It is most effective in proportion as it is used early. A combination of this with measures formerly used, such as mild antiseptic

treatment (gargles) of the local lesion is rational and useful. The use of antitoxin is not attended with serious accidents or diseases. The exanthemata, joint-affections, etc., are similar to those observed in diphtheria treated by older methods, and, even if more frequent than formerly, are not at all dangerous. The uncertainty as to the mode of action of the remedy should not affect its application, after the value of the method has been demonstrated empirically beyond doubt." KOHTS was not enthusiastic in his expressions, although he admitted that the local disease was often unmistakably checked by the antitoxin treatment. SEITZ spoke especially of the complications in cases treated with serum, based on one hundred and forty cases under his own observation. Renal symptoms, cardiac weakness, paralysis, and enlargement of the spleen are not more frequent under antitoxin treatment. The occurrence of skin-eruptions was more frequent, as were also pain and swelling in the joints. These did not interfere with perfect recovery. Diseases complicated with diphtheria, such as pertussis, pneumonia, severe heart-disease, tuberculosis, and osteomyelitis were made no worse by the specific treatment, and the effect of the latter was unmistakable. The use of the remedy as a prophylactic was not very warmly encouraged, the duration of immunity especially being uncertain, and the effect of the antitoxin in healthy bodies not sufficiently known.

PUNCTURE OF THE SPINAL CANAL.

This operation, originated by Quincke in 1891, and since then practised by many other German clinicians, has been performed more than one hundred times in eighty-six cases by FÜRBRINGER. He punctures in the second, third, or fourth interlaminar lumbar space, with the patient sitting and bending over instead of lying, as generally practised. The subarachnoid fluid is reached at a depth of from two to seven centimetres. In infants forced puncture and badly aimed needle may cause the latter to pierce the soft cartilage of the vertebræ and enter the aorta, an accident narrowly escaped by the author. Pain referred to the head, neck, or back is usually due more to aspiration than the puncture itself. For that reason it is better to allow the fluid to run out spontaneously than to aspirate. The amount of fluid varies from a few drops to 100 c.cm., and the force of the stream varies with the amount. Occasionally the flow is checked by the aspiration of a strand of the cauda equina. In one case slight injury of the cauda was followed by a sciatica-like pain; in another tremor of the leg. The greatest pressure and largest amount of fluid were observed in cases of basal meningitis or brain-tumor, but Fürbringer finds these features so contradictory as to be without practical value. In thirty-seven cases of tubercular meningitis, some of which could not be distinguished from typhoid fever, influenza, endocarditis, and sepsis, tubercle bacilli were found twenty-seven times, and in all of these cases the diagnosis was confirmed post mortem. In meningitis improvement did not follow puncture, but in a case of chronic hydrocephalus, with tubercles in the cerebellum and with frequent epileptiform attacks, repeated puncture gave relief. In two case of uræmia withdrawal of 90 c.cm. of fluid in one case and 50 c.cm. in the other did not affect the coma, and death occurred in both cases shortly afterward. In a case of